

www.needhamma.gov/health 781-455-7922 (fax)

Abandonment of Well Form

When abandoning a well, this form must be filled out and submitted back to the Health Department.

Address					_Needham, MA 0249	
Owner Well Driller		Address		Tel.No.		
		Address	Tel.No.			
Type of Well:	Driven	Drilled	Bored	Dug	Jetted	
The Health Depar	tment requires	the following document	ts:			
Signed con	firmation of the	e procedures used to aba	andon the well.			
	nclude the sign		procedures below. A check When abandoning your w			
Cap/plug tl	he pipe to the fo	ormer well				
Fill with co	oncrete up to the	e top of the well				
		nentation that the well ing permits, or delay t		l may subject	the owner to fines, prevent	
Well Driller'sSign	nature		State License No	Date	3	
PrintName						
Name of Company	<i></i>					
Address				Phone		